

RETHINKING THE ER

SINCE THE MONTH OF MAY, STAFF AT THE WEST ISLAND HEALTH AND SOCIAL SERVICES CENTRE HAS BEEN HARD AT WORK IMPLEMENTING CONCRETE, LONG-TERM ACTIONS TO IMPROVE THE EMERGENCY. THEIR AMBITIOUS AND EXCITING PLAN OF ACTION IS ALREADY PRODUCING RESULTS!

Have you or a member of your family ever spent 48 hours in the Emergency? "That's unacceptable!" said Dr. François Gilbert, emergency room physician in charge of the McKinsey Project at the Lakeshore General Hospital facility. "We recently managed to eliminate 48 hour stays in the emergency department. In five years, it's the first time I've seen that. It's very encouraging."

Dr. Gilbert gave a presentation to the West Island Health and Social Services Centre's administrators at the end of June. His focus was the "McKinsey Project", a highly structured program to improve functioning in the ER and throughout the hospital. Last May, the Montreal Agency mandated McKinsey, a private consulting firm, to support the area's 14 hospitals in making improvements to their emergency services.

The consultants unveiled a work structure and accompanied the teams in their various activities. It was the staff, however, that came up with the solutions. Dr. Gilbert, project manager, is working closely with staff from Admissions, the Emergency Room and with discharge planners – the three key axes of an efficient ER.

Nancy Coffin, Emergency Room head nurse (Emergency), Karen Billingham-Nicolas, Head of Admissions and Reception (Admissions) and Micheline Beaudry, daytime assistant head nurse on 4-North (Discharge planning) were given mandates to lead three multidisciplinary teams. The teams represent a cross-section of the

hospital centre's staff: physicians, nurses, occupational therapists, clerks, housekeeping staff, etc. Together, they've set the groundwork for operational improvements.

The teams receive support from Dr. Sylvie Douyon, Director of Professional and Hospital Services and Louis-Pascal Cyr, Assistant to the Executive Director. They both have participated in meetings with the Agence. Mr. Cyr also acts as the facilitator for all the HSSC team meetings.

A FOUR-STEP PROCESS

Assisted by McKinsey's consultants, the teams participated in a four-step process. "First, we had to diagnose the situation," explained Dr. Gilbert. "We provided a great deal of statistics based on indicators like number of visits, number of patients on stretchers by age group, average length of stay, discharges occurring before 11:00 a.m., etc. We then came to a number of conclusions regarding our overall performance."

...continued on page 2

KAREN BILLINGHAM-NICOLAS, HEAD OF ADMISSION AND RECEPTION AND MICHELINE BEAUDRY ASSISTANT HEAD NURSE GIVING SOME INFORMATION TO INDRANEE SUMMOGUN AND HER DAUGHTER JAS WALIA.



IT'S TIME TO CATCH OUR BREATH

The summer is finally here. These lovely warm months spell vacation time for many and even the healthcare sector experiences quieter times. Enjoy! The winter of 2008 was a busy one, as much for caregivers as it was for professionals and support staff. A little well-deserved rest will do us all a lot of good before things pick up again in September.

It's been six months since the new organizational structure was implemented. We are making a few adjustments as we go along but in general, our new way of operating is holding its own against the test of reality.

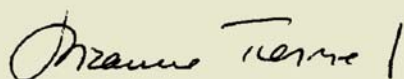
Elsewhere in the organization, we have begun a series of major projects which, once complete, will have a positive effect on our quality of care, our services and our work procedures.

At Emergency, amongst other things, we have considerably reduced stays of 48 hours or longer. In April, 12.3% of the patients remained on stretchers more than 48 hours. In May, this proportion fell to 5.8%. The June data should be even better.

We've come a long way since our Health and Social Services Centre was created in July 2004. A solid first line has been developed, comprising three network clinics and an equal number of Family Medicine Groups (FMG). Links with network partners have been strengthened by signing service agreements and by integrating, amongst other things, non-institutional resources.

In the maelstrom of our daily lives, we tend to forget to take a step back to look at what we've accomplished. So during the relative lull of summer, both I and the Administration wish to thank you – employees, physicians, partners and professionals alike – for your tremendous work over the years to improve the health and well-being of our population.

We'd also like to encourage you to stay the course as we draw ever closer to our objectives. Implementation of the Clinical Plan, an in-depth review of work procedures in the Emergency, development of an aggressive recruitment policy; these are only a few of the major challenges that will occupy us this fall and winter. Until then, it's time to catch our breath and make the most of the beautiful summer season.



Suzanne Turmel
Executive Director

Rethinking the ER (cont'd)

With the project also underway in other Montreal-area hospitals, there has been a lot of information sharing. By comparing similar data, it's possible to develop better practices and to determine the Lakeshore facility's strengths and weaknesses.

The second step of the project consisted of brainstorming sessions whereby each team identified processes in need of improvement.

"Generally everyone is aware of the problems and the solutions," Dr. Gilbert stated, "but no one talks about them or puts them into action."

Each team identified between 20 and 30 actions, ranging from the most basic to the more complex. For example: asking physicians to provide 24 hours notice for patient discharges, assembling a team to mobilize patients on stretchers and posting signs for patients so they're aware that rooms are to be vacated by 11:00 a.m. Even the smallest of gestures can make

a big difference. Every action has been prioritized following an evaluation of its impact and feasibility.

TAKING ACTION

Once the first two steps have been completed, the solutions rendered will be implemented, and staff will ensure that they result in durable changes. Action priorities have been identified by each of the teams.

"We'll be proposing several pilot projects this summer to test some of the ideas put forward," Dr. Gilbert noted. "Obviously we're going to be counting on the staff's cooperation. The status quo isn't acceptable, so the question is not whether we want to change, it's how we're going to do it."

The fourth step will be to adopt permanent, larger-scale solutions, while taking into account the level of difficulty involved in implementing them. Some of the solutions will prove easy to implement, have rapid results and will motivate people to keep moving forward, while others, no less essential, will require a change in behaviour or an investment of some kind. The latter

actions will take longer to achieve, but will be the ones to make a difference in the long term.

More on pages 4 and 5.



DR SYLVIE DOUYON, DIRECTOR OF
PROFESSIONAL AND HOSPITAL SERVICES.



LOUIS-PASCAL CYR, ASSISTANT TO THE
EXECUTIVE DIRECTOR.

MONIQUE ASSELIN

THE NEW DIRECTOR OF PAPA-DP*

HOW CAN I IMPROVE THINGS? THIS IS THE OBJECTIVE THAT GUIDES MONIQUE ASSELIN, THE NEW PAPA-DP DIRECTOR AT OUR HEALTH AND SOCIAL SERVICES CENTRE AND SHE INTENDS TO REACH HER OBJECTIVE THROUGH TEAMWORK.

"Every person has an important role to play and together, we can all move in the same direction. A team is multifaceted and it promotes quality decision-making and knowledge sharing."

Monique Asselin has always shared in the concerns and the interests of the elderly and the interdisciplinary teams caring for them. "I'm a great believer in interdisciplinarity and I'm drawn to work with elderly clientele

because to me, they're like fine china: delicate, fragile and vulnerable. Everything must be done in a personalized and detailed way."

Monique Asselin completed her Masters in Health Services Administration (D.Sc. M.Sc.) with a minor in Health Services Management at the University of Montreal. Before joining our staff, she was the clinical and administrative head of the elderly clientele program at Maisonneuve-Rosemont Hospital, a University of Montreal-affiliated institution. She worked in professional development and as an Emergency Unit head nurse at Lakeshore General Hospital from 1990 to 1994.

"I've been very warmly received by management and by my team and I'm ready to take on new challenges with the support of my colleagues." Monique believes that since the Health and Social Services Centre



MONIQUE ASSELIN: "...TO ME, THEY'RE LIKE FINE CHINA, DELICATE, FRAGILE AND VULNERABLE."

was created, population issues with the elderly have led to challenges in terms of service integration and improving accessibility. "I want to be a part of this transformation."

What is her main challenge? To harmonize healthcare services and to offer quality services for the elderly at the right time and place as well as to make these services accessible to the West Island population.

* French acronym for Elderly with Loss of Autonomy and Physical Disability

OUR HEALTH EDUCATION CENTRE IN BERLIN

IN MAY, THE DIRECTOR OF PUBLIC HEALTH, FRANCE REMETE, HAD THE PRIVILEGE OF PRESENTING THE STRATEGY OF THE WEST ISLAND HEALTH AND SOCIAL SERVICES CENTRE'S HEALTH EDUCATION CENTRE (HEC) – IN BERLIN!

Her presentation of about twenty minutes took place during the 16th International Conference of Health Promoting Hospitals and Health Services, held May 14-16, 2008. She was accompanied at the conference by Suzanne Turmel, Executive Director of the West Island Health and Social Services Centre and Dr. Robert Perreault, Medical Examiner with the Public Health Directorate of Montreal.

"It was a very rewarding experience and a unique networking opportunity" she stated. "I was pleased that Dr. Perreault thought of me to present a local perspective on a program that was designed exclusively for health and social services centres on the Island of Montreal."

The HEC program was developed by the Montreal Public Health Directorate to offer motivational consultations in nutrition, physical activity and smoking cessation. Clients are referred to the program by their family doctor or another health specialist.

Since its inception in the fall of 2007, the West Island HEC has built an enviable reputation. A representative from our institution met with all general practitioners in the territory to explain the concept and advantages of the service, and this resulted

in an increase in the number of consultations and in the number of doctors who have joined the program.

The West Island Health Education Centre is conveniently located in the CLSC de Pierrefonds facility at 13800 Gouin Boulevard West in Pierrefonds. A mobile HEC is planned next and will be another valuable intervention tool for the community.

The West Island Health and Social Services Centre obtained its Health promoting Hospital status at the end of 2007. A committee, struck at the end of 2007, is already working on a draft health promotion policy for our institution.

FOCUS ON THE EMERGENCY

HOW CAN WE IMPROVE THE EMERGENCY ROOM AND THUS OBTAIN POSITIVE EFFECTS EVERYWHERE IN THE HOSPITAL ? THERE ARE NUMEROUS ROUTES AND THE MCKINSEY PROJECT TEAMS, HEADED BY EMERGENCY PHYSICIAN DR. FRANÇOIS GILBERT, ARE HARD AT WORK. FIRST LINE ASKED THREE OF THE TEAM LEADERS TO GIVE THEI IMPRESSIONS ONT THE CURRENT SITUATION AND EXPLAIN SOME OF THE POSSIBLE AVENUES OF IMPROVEMENT.



NANCY COFFIN, HEAD NURSE, EMERGENCY DEPARTMENT

NANCY COFFIN: RECRUITING FOR THE ED

First Line: Emergency departments are watched from all sides. How can we make sure that we are offering the best service to our patients despite all this pressure?

Nancy Coffin: By using staff in the best possible way. We've just finished revising each employee's job description to make sure that everyone makes use of their full potential at the right time.

FL.: Can we also rethink work processes?

N.C.: We are already doing so. We recently went over patients' experience in the hospital, from their arrival up to their release, to see where improvements could be made.

In December 2008, we will be equipped with a computerized sorting system. All ED nurses will receive training on this new tool designed to speed up the task of collecting information on patients when they arrive. We have also just installed a bar-coding system to obtain laboratory results faster. Based on the doctor's prescription, information concerning patients will be entered only once instead of twice, as was the case before, when it was entered both at the emergency department and at the laboratory.

FL.: In what way can this network we are building with all other health partners on our territory simplify life in the emergency ward?

N.C.: It's always a question of how the information is communicated. If people are better informed on community resources or on services offered in the network-clinics, they will avoid going to the emergency department.

FL.: What is your most important challenge as team leader?

N.C.: Doing everything that must be done with very little staff. We have many positions open but no one to fill them. However, there is good news: the people who we do choose to hire stay with us.

KAREN BILLINGHAM – NICOLAS: REDUCE TIME DELAY TO BE ADMITTED

First Line: What are the main obstacles encountered by Admissions?

Karen Billingham-Nicolas: There are a number involved, but the main ones are as follows:

- A lack of available beds in the units;
- Communication problems between the Emergency, Admissions and the units;
- The decision to admit is not being made when it should (in the Emergency);
- The time required for cleaning rooms/changing beds.

FL.: On a daily basis, how do you identify the number of beds available in each unit?

K.B-N.: The Bed Management Team -rapid intervention unit in charge of evaluating the situation- meets every weekday at 10:00 a.m. Surveys are done twice a day at around 8:00 a.m. and 10:00 p.m.

FL.: How are beds distributed?

K.B-N.: They're assigned by the Bed Management Team according to length of stay in the Emergency and the patients' medical/surgical needs. Moreover, some patients are admitted based on the specialty involved (e.g. psychiatry and obstetrics).

FL.: What actions have you targeted to improve admissions?

K.B-N.: We considered many elements:

- Update protocols on surgical wait times (care maps) to assist with planning (bed management) and to forecast patients' discharge dates;
- Install a pigeonhole in the Emergency for admission requests in order to accelerate the admitting process;
- Do more surveys to identify free beds in the hospital centre (add 1:00 p.m. and 6:00 p.m.);
- Adjust work schedules when necessary.

FL.: What is your main challenge as the team leader?

K.B-N.: To reduce the time from when a request to admit a patient is submitted to the time he/she is moved from the Emergency. Our time delay was 23.5 hours at the beginning of the year, and at 18.3 hours in May. It's good, but according to 'best practices,' an optimal wait time is one hour. Lasalle Hospital has the best wait time in Montreal with 7.8 hours.

MICHELINE BEAUDRY: GIVE EARLIER DISCHARGES

First Line: What delays hospital discharges?

Micheline Beaudry: A patient's age or social situation. Most patients are elderly and suffer from a variety of health problems. When hospitalized, they quickly lose autonomy. Often they're alone and don't have children living close enough to assist them.

* SWAT – rapid intervention unit in charge of evaluating the situation

DEPARTMENT: WHAT'S NEW?

FL.: Ideally, how much time should it take to prepare a room for a new patient?

M.B.: One hour, with the exception of quarantined rooms, which require more intensive disinfection.

FL.: Physicians play a crucial role in this process as they sign the patients' discharge forms. How will they be involved in the McKinsey Project?

M.B.: We would like to put two measures in place. For one, it is already possible for doctors to indicate in their prescriptions when discharge is expected within two or three days. Also, we would propose the use of a color-coded reference table: red indicating no discharge pending; yellow indicating discharge pending in the next two or three days; and green indicating discharge in 24 hours. This would serve as a reliable point of reference for hospital discharges. Some action has already been taken in this regard, that is, hospital discharges are prepared the day before (medical summary, prescription, next appointment, etc.).

FL.: Can standard procedures be developed based on where a patient will go after their discharge (home, rehabilitation or long-term care)?

M.B.: That is difficult. Each patient is unique in terms of their illnesses, health problems and needs. This diversity illustrates the importance of discharge planning.

FL.: What are the areas pinpointed to improve the discharge process?

M.B.: Planning and communication between the different multidisciplinary team members. This project allows us to share our collective wealth of experience and put solutions in place.

FL.: What is your main challenge as the team leader?

M.B.: Getting to know the patients well, following their episodes of care and knowing what they need when discharge is imminent. Effective bed management is also key. Discharges have to be carried out earlier in the day to admit patients from Emergency as soon as possible, balancing their needs with those related to infection control.

SAVE TIME AND RESOURCES

In each of the focus areas, the McKinsey project teams had to ask themselves the following questions:

- Can certain steps be performed in a parallel manner?
- Can the variability of tasks be reduced by standardizing the time, the roles and the materials involved in their execution?
- Can steps be eliminated?
- Can some steps be streamlined by reducing their complexity or by assigning them to another person?
- Can we reduce delays encountered when shifting from one step in the process to another?
- Can the workplace be reorganized to make it more efficient?



DR FRANÇOIS GILBERT,
EMERGENCY ROOM PHYSICIAN

MCKINSEY PROJECT TEAMS

Project Manager
Dr. François Gilbert

Administrative Technician
Brigitte Lefebvre

EMERGENCY	ADMISSIONS	DISCHARGE PLANNING
Team Leaders Nancy Coffin Head Nurse - Emergency Medicine Dr Tomas Kaufman Chief of Emergency Medicine	Team Leader Karen Billingham-Nicolas Head of Admissions and Reception	Team Leader Micheline Beaudry Assistant Head Nurse
Team Support Dr François Gilbert Emergency Medical Coordinator	Team Support Dre Sylvie Douyon Director of Professional and Hospital Services	Team Support Louis-Pascal Cyr Assistant to the Executive Director
Physician Dr Michael Golgoon	Physician Dre Gilberte Thibert	Physicians Dr Aaron Fuchs Dre Geneviève Richer
Assistant Head Nurse Louise Corriveau	Case Manager Efthymia Colida	Social Worker Marcelle Legault
Clerk Wendy Ditullio	Admissions Clerk Pierrette Cruciano	Occupational Therapist Nathalie Moisan
Stretcher-bearer Marie-Ann Afriani	Head of Hygiene and Sanitation Gilles Robillard	Physiotherapist Belinda Puentes
	Coordinator Heather Corrigan	Housekeeping Eric Chiasson
	Admissions Clerk Diana Tree	Liaison Nurse Maria Morf
	Infection Control Sherry-Ann Wadleigh	

A SHARED PHILOSOPHY OF MENTAL HEALTH INTERVENTION

RELOCATING, HIRING PERSONNEL AND OFFERING NEW SERVICES TO THE TERRITORY'S GENERAL PRACTITIONERS FOR THE INTELLECTUALLY DISABLED AND THOSE WITH MENTAL HEALTH ISSUES IS MOVING IN A NEW DIRECTION.

The West Island Health and Social Services Centre is one of three Montreal area health and social services centres (along with *Cœur de l'île* and Ahuntsic-Montreal North) to be granted a budget to develop new mental health services.

According to the Ministry of Health and Social Services, mental health services lack coordination between providers within a given territory. As a result, many people needing assistance have been unable to get the care they require.

Therefore the Ministry's Mental Health Action Plan 2005-2010 was developed to correct the situation, a situation that is particularly acute in Quebec, where one person in six suffers from some form of mental illness.

Supplementary first line services

Our Health and Social Services Centre will receive the funding necessary to act on many levels. "The number of dedicated frontline professionals will increase from 11 to 32, noted Francine Giroux, Director of Mental Health and Intellectual Disabilities. Our teams at the Lac Saint-Louis, Pierrefonds and *Ensemble* treatment centre facilities are growing. We're in the process of hiring pivot nurses to work exclusively in mental health at each of the three network clinics."

To date, one pivot nurse has been hired for the Brunswick Medical Centre. Two other network clinics, Statcare-Stillview and Medistat will soon benefit from this support as well. These nurses will provide services to clientele from the areas served by each

of the network clinics. Over time, they will build links with all of the general practitioners working within these same boundaries.

Once these additions are made to our first line staff, a true network will be created. Patients needing treatment will be treated rapidly or referred to other resources, either to a community-based mental health facility or an out-patient psychiatric unit.

Only one number to call

Moreover, part of the budget will be used to implement the one-stop access portal, or *guichet unique d'accès* for mental health services, which will provide access to the complete range of services outlined in the offer of service for the West Island territory.

The service is aimed at general practitioners, mental healthcare providers and community-based mental health organizations in Pointe-Claire, Kirkland, Dollard-des-Ormeaux, Beaconsfield, Sainte-Geneviève, L'Île-Bizard, Sainte-Anne-de-Bellevue, Pierrefonds and Senneville.

From now on, when patients present with mental health issues, and the G.P. or healthcare provider has questions, they can contact a professional from the Health and Social Services Centre from Monday to Friday until 10 p.m.

All inquiries pertaining to mental health will be directed to the one telephone number so that each case can be triaged according to its level of priority, the risk it represents and the need for intervention.

The new service team

- The professional answering the call (photo of Diane Grant)
- The first line mental health team from the Pierrefonds, Lac Saint-Louis and *Ensemble* facilities
- The out-patient clinic's liaison agent
- Three mental health pivot nurses for each of the network clinics (photo of Stefano Paolo Tedeschi) – the hiring process is under way
- A general practitioner (Photo of Dr. Tarzack)



DIANE GRANT: SOCIAL WORKER



STEFANO PAOLO TEDESCHI: MENTAL HEALTH PIVOT NURSE



DR NORBERT TARCAK: GENERAL PRACTITIONER

DID YOU KNOW THAT...

6.9% of the 216,700 residents in the West Island Health and Social Services Centre's territory, or **15,009 people**, have been in contact at least once with a network facility or with a medical clinic regarding a mental health issue?

A CONFERENCE WITH HEART

DR. ROLF LOERTSCHER, NEPHROLOGIST, KNOWS THE IMPORTANCE OF ORGAN AND TISSUE DONATION.

Robert Heidt's world was turned upside down when he learned, at only 26 years of age, that he would have to undergo dialysis for the rest of his life. He had just completed university and started his first job as an engineer.

After one year of treatments three times a week, Robert received an extraordinary offer. "My mother asked me if I'd like to have one of her kidneys," he recalled, still visibly moved. "I accepted her offer and the transplant was a success. My life is normal now. I have no dietary restrictions and I travel frequently on business for Boeing Aircraft."

Mr. Heidt and his mother will celebrate the 20th anniversary of his kidney transplant this year. It would appear that the transplanted kidney has no age limit. "I take medication twice a day, but it's become a routine – much like brushing my teeth. Compared to dialysis, it's nothing!" Mr. Heidt was lucky. His mother is doing well, still attending yoga classes and helping out as a volunteer at a museum.

"Parents' kidneys are not always a suitable match for their children," Dr. Rolf Loertscher, nephrologist at the Hemodialysis Unit of Lakeshore General Hospital, explained. "Transplant techniques have changed a lot since Mr. Heidt received his mother's kidney. Now, the operation is shorter and the techniques are less invasive."

Mr. Heidt recounted his experiences, on May 29, as an organ recipient during a midday conference on the importance of organ and tissue donation organized by Annick Fortin, a nurse-clinician at the Transplant Clinic. Over 80 people from the West Island Health and Social Services Centre attended this conference. Mr. Heidt was accompanied by Dr. Loertscher, the physician who followed his progress before and after surgery.

Dr. Loertscher was also present to respond to questions from the staff attending the event.

Another person who shared her story at the conference was Sonia Bahous, 65, who has been awaiting a transplant for two years. Mrs. Bahous suffers from polycystic kidney disease, a genetic condition that causes multiple cysts to form in the kidneys. Her brothers, sisters and her 30-year old daughter are unsuitable donors as they also suffer from the disease.

"I've known since 1982 that my kidneys were deteriorating and I'd have to have dialysis. Since 2006, I've been going in three times a week for the four-hour long treatments, not including travel time. It's a bit like being in prison." Her situation is trying, but she remains hopeful. Despite the challenges she faces, Mrs. Bahous continues to lead a very active life, remaining physically fit and working as a volunteer.

"Mrs. Bahous could receive a kidney tomorrow, it's just a matter of finding a compatible donor," noted Dr. Loertscher. "Some people on the list can wait two weeks, while others have to wait longer".

There are six types of tissues we target in an attempt to find a match between donors and recipients. Anyone can be a donor; it's not a question of age. In general, intensive care or emergency patients are potential donors, in cases where the heart is still functioning but brain activity has been compromised.

"Transplants generally take place in the first 24 to 36 hours after organs are harvested," Dr. Loertscher noted. "If the person has signed their organ donor sticker, medical personnel will contact Transplant-Quebec, and Transplant-Quebec will in turn dispatch coordinators to evaluate the donor and to offer support to his/her family members." One donor can save the lives of five to eight people!

LE D^R LOERTSCHER, NEPHROLOGIST, SAYS : « IF YOU GIVE YOUR CORNEA, SOMEONE WHO CANNOT SEE TODAY WILL SEE TOMORROW. THE IMPACT IS TREMENDOUS »



BECOME A DONOR

ORGANS: lungs, heart, liver, kidneys, pancreas, intestines.

TISSUE: cardiac valves, skin, bone, veins, tendons, eye tissue.

THREE CRUCIAL STEPS

- 1 Carefully consider your decision.
- 2 Should you agree to become an organ donor, sign the sticker to this effect and stick it on the back of your health insurance card.
- 3 Advise family members of your decision. You may also indicate your decision to become an organ donor in your will.



THE AIR CARE PROGRAM OFFERS REWARDS TO STAFF

THE HUMAN RESOURCES DIRECTORATE IS LAUNCHING A PROGRAM THAT SHOULD INTEREST A LOT OF YOU. SIMILAR TO THE REWARD PROGRAMS OFFERED TO THE PUBLIC AT LARGE, AIR CARE POINTS ARE ACCUMULATED ONE POINT EQUALLING ONE DOLLAR. WHO CAN DO BETTER?

What is the Air Care Program?

The program is an organizational recognition practice that is developed to reward employees who help the organization to ATTRACT, INTEGRATE AND RETAIN staff.

Carrying out a "good deed" allows employees to obtain points that can be accumulated and redeemed for various material rewards.

Who is eligible for the Air Care Program?

The program applies to active and regular employees of the West Island HSSC, with the exception of managerial staff and executives from the Human Resource Directorate, contractual or temporary employees, students or trainees and acting employees.

What actions are rewarded?

ATTRACTION : Recruitment through recommendation

INTEGRATION : Orientation of a new or external employee, or of a CEPI (candidate to the practice of the nursing profession), support of a trainee

RETENTION : Overtime work, postponement or redemption of a one-week vacation

If good deeds are linked to areas that are short staffed (see list below), then employees would have the right to entry coupons for prize drawings worth a good sum such as trips to the South, on top of the points and money promised.

What are some of the possible rewards?

- Practice permit dues
- Registration fees for training or a congress (of a personal nature)
- Day off on the employee's birthday
- All types of gift certificates (e.g., stores, shows, sporting events, stay at an inn, spa health break)

How do we register the points ?

Employees will be informed about the number of points awarded for a good deed that was carried out through a thank you letter sent by the Human Resource Directorate.

How do I exchange my points to get a reward?

To exchange your points for a reward, all you have to do is fill in a requisition form that is available on the Intranet or at the Human Resources reception desk. To be reimbursed in part or entirely for the cost of your practice permit or for the registration fee for a congress or training, you must attach the original invoice.

The Human Resources directorate will then purchase the reward, forward it to the manager who will give it to the employee.

What are the good deeds giving rights to points?

- **Recruiting through referrals**
When an employee refers an applicant. The applicant referred must still be employed at the West Island HSSC after six months.
- **Orientation of a new employee, external employee or a CEPI (candidate to the practice of the nursing profession)**
When an employee agrees to provide guidance to a

new employee or external employee or a CEPI. The quality of the employee's guidance is recognized by the new employee and the manager.

- **Supporting a trainee**
When an employee supervises a trainee. The quality of supervision is recognized by the trainee, the teacher and the manager
- **Overtime**
When an employee accepts to do overtime or an extra shift on the weekend.
- **Carry over of summer vacations**
When an employee agrees to carry over one week of vacation to the summer period (June 1st to September 30).
- **Redemption of summer vacations**
When an employee agrees to redeem a one-week vacation during the summer period (June 1st to September 30).

WHAT DID YOU THINK?

Did you enjoy this edition of First Line? Do you have any comments or suggestions? We welcome your feedback. We also invite you, dear readers, to let us know if you should find a misprint or inaccuracy of any kind in the publication.

Kindly send your comments to us via e-mail at communications.csss@ssss.gouv.qc.ca. Every response will be read and published either in its entirety or incorporated into a summary of our readers' comments. In closing, we wish to reiterate our ongoing commitment to the quality of our communications.

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